

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SINGLE METAL PIXEL ARRAY FOR LIGHT VALVE UTILIZING LATERAL SUBLITHOGRAPHIC SPACER ISOLATION

the specification of which (check one) X is attached hereto or ___ was filed on ___ as Application No. ___ and was amended on ___ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application(s) | | | Priority Claimed | |
|------------------------------|---------|----------------------|------------------|----|
| | | | Yes | No |
| Number | Country | Day/Month/Year Filed | | |

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) below.

| Application Number | Filing Date |
|--------------------|-------------|
| | |

| Application Number | Filing Date |
|--------------------|-------------|
| | |

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Number | Filing Date | Status: Patented, Pending, Abandoned |
|--------------------|-------------|--------------------------------------|
| | | |

| Application Number | Filing Date | Status: Patented, Pending, Abandoned |
|--------------------|-------------|--------------------------------------|
| | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor DR. HAYDN JAMES GREGORY

Inventor's signature _____

Date

Residence 151 Colorado Avenue, Palo Alto, CA 94301-4209Citizenship BritishPost Office Address 151 Colorado Avenue, Palo Alto, CA 94301-4209

Full name of second joint inventor, if any, _____

Inventor's signature _____

Date

Residence _____

Citizenship _____

Post Office Address _____

Full name of third joint inventor, if any, _____

Inventor's signature _____

Date

Residence _____

Citizenship _____

Post Office Address _____

Full name of fourth joint inventor, if any, _____

Inventor's signature _____

Date

Residence _____

Citizenship _____

Post Office Address _____

Full name of fifth joint inventor, if any, _____

Inventor's signature _____

Date

Residence _____

Citizenship _____

Post Office Address _____